KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 5135
Name: Farmer, John O., Inc.
Address 1: 370 W WICHITA AVE
Address 2: PO BOX 352
City: RUSSELL State: KS Zip: 67665 + 2635
Contact Person: Marge Schulte
Phone: (785) 483-3144
Lease Name: SMOKEY UNIT
Well Number: T1-W1R

API No.: 15-167-20499-00-00
Permit No: E16068.6
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - W2 Sec. 4 Twp. 15 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
2010 feet from ☐ N / ☑ S Line of Section
5238 feet from ☑ E / ☐ W Line of Section
County: Russell

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 1700 psi Injection Zone: Lansing
Maximum Authorized Injection Rate: 700 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	5896	0	0		31
February	5398	0	0		28
March	5966	0	0		31
April	6210	0	0		30
May	6646	0	0		31
June	6300	0	0		30
July	6856	0	0		31
August	7156	0	0		31
September	6030	0	0		30
October	5736	0	0		31
November	5750	0	0		30
December	15206	0	0		31
TOTAL	83150		0		

Submitted Electronically